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ABSTRACT

This report describes the results of the 1993 Utah Youth Risk Behavior Survey (YRBS) and summarizes results of the 1992 Utah School Health Education Survey. Many health problems experienced by youth are caused by a few preventable behaviors, such as alcohol abuse and unprotected sexual intercourse. Tobacco use, dietary patterns that cause disease, and physical inactivity, which are behaviors established during youth, lead to health problems later in life. YRBS respondents were asked about unintentional and intentional injurious behaviors, tobacco, alcohol and drug use, sexual behaviors, dietary behaviors and physical inactivity. The results of the survey indicated that youth in Utah continued to engage in behaviors that put them at risk for the significant mortality, morbidity, disability, and social problems extending from youth to adulthood. School health programs attempt to teach youth to adopt and maintain healthy behaviors. Successful programs incorporate eight interdependent components: (1) Health education; (2) Health services; (3) Nurturing biophysical and psychosocial environments; (4) Counseling, psychological, and social services; (5) Integrated efforts of schools and communities to improve health education; (6) Food service; (7) Physical education and physical activity; and (8) Health programs for faculty and staff. (BF)

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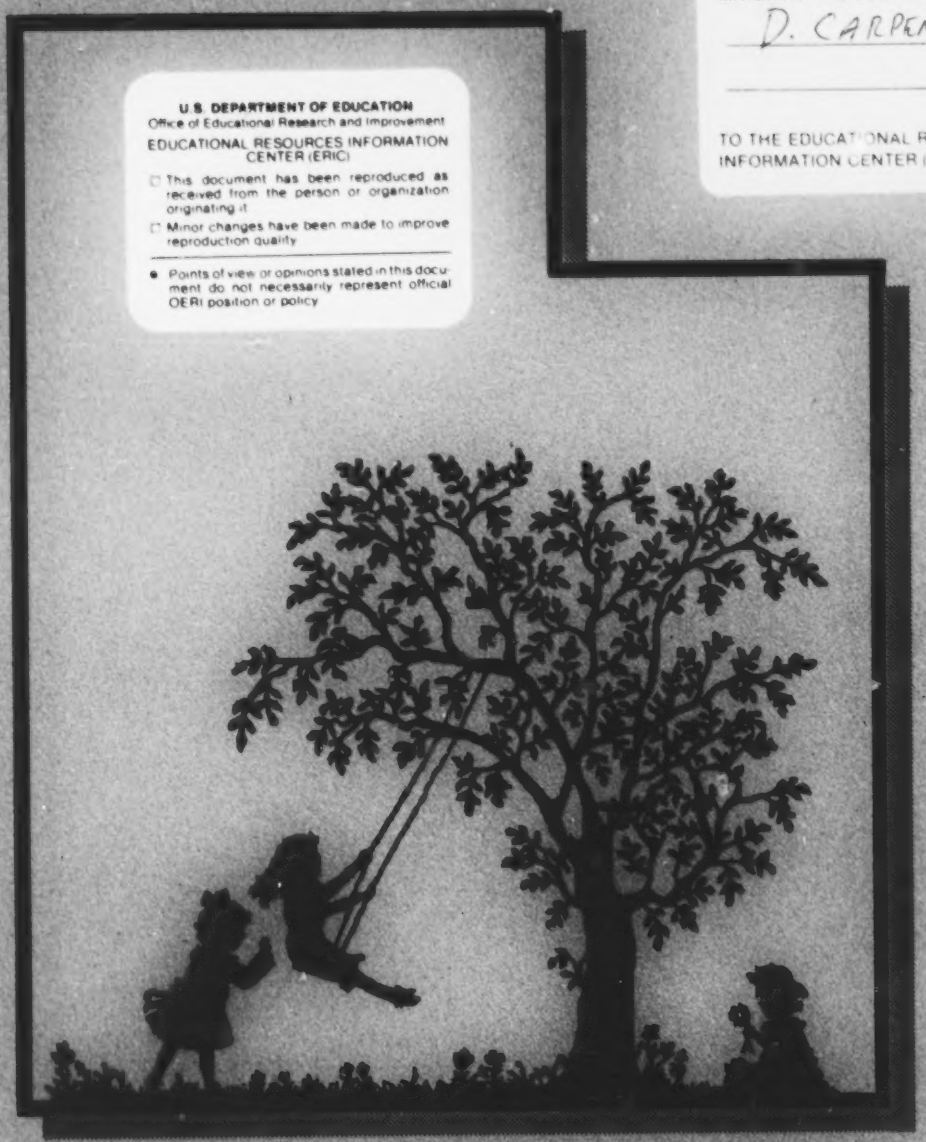

RESULTS OF THE 1993 UTAH YOUTH RISK BEHAVIOR AND 1992 SCHOOL HEALTH EDUCATION SURVEYS

CG025283

RESULTS OF THE 1993 UTAH YOUTH RISK BEHAVIOR AND 1992 SCHOOL HEALTH EDUCATION SURVEYS

Prepared for the Utah State Office of Education,
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December 28, 1993

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We recognize the Utah State Department of Health and the Utah State Department of Public Safety for their reports which allowed us to describe the outcomes of the health risk behaviors discussed in this report. Finally, we would like to express our appreciation to the staff at the Division of Adolescent and School Health, U.S. Centers for Disease Control and Prevention for providing the survey instrument and portions of the background text and materials used in preparing this report.

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INTRODUCTION

This report describes the results of the *1993 Utah Youth Risk Behavior Survey* and summarizes results of the *1992 Utah School Health Education Survey*. Health education researchers at the University of Utah conducted the surveys and prepared this report under a contract awarded by the Utah State Office of Education. Similar surveys were conducted during 1990, 1991, and 1992.

The health problems experienced by youth are caused by a few preventable behaviors, such as alcohol abuse and unprotected sexual intercourse. Tobacco use, dietary patterns that cause disease, and physical inactivity, which are behaviors established during youth, lead to health problems later in life. The increasing costs of health care demand that we teach our youth to adopt and maintain healthy behaviors. School health programs are essential to attaining this goal.

Successful school health programs incorporate eight interdependent components:

- Health education
- Health services
- Nurturing biophysical and psychosocial environments
- Counseling, psychological, and social services
- Integrated efforts of schools and communities to improve health
- Food service
- Physical education and physical activity
- Health programs for faculty and staff

Schools are one of the more effective and efficient means of providing accurate information and opportunities for youth to develop skills that will enable them to adopt healthy behaviors and avoid preventable health problems. School-based comprehensive health education is the cornerstone of successful school health programs. Planned, sequential, kindergarten through grade 12 school health education programs which integrate health education about each of the priority health risk behaviors can be more effective than school efforts to address single categorical topics (e.g., drugs, HIV).

This report was written to stimulate useful discussions among educators, parents, and youth across Utah about ways to increase informed support for effective, school-based, comprehensive health education programs. This report also provides information to help focus the design of effective school health programs.

Permission is granted to quote from or reproduce portions of this report with credit to the Utah State Office of Education and the University of Utah.

SURVEY METHODS

The Youth Risk Behavior Survey (YRBS) was designed by experts nationwide through the Centers for Disease Control and Prevention to measure the extent to which adolescents engage in behaviors that result in unintentional and intentional injuries; tobacco, alcohol, and other drug use; sexual behaviors; dietary behaviors that cause health problems; and physical inactivity.

The 1993 Utah Youth Risk Behavior Survey was approved for use in Utah public schools by Scott W. Bean, Superintendent of Public Instruction, and the Educational Data Aquisitional Advisory Committee. This survey was identical to the National YRBS with one exception -- questions about sexual behaviors were omitted.

School district superintendents were contacted during November 1992 to obtain approval to approach principals of randomly selected schools about the survey. Sufficient time was allowed to gain school board and/or parent approval, and to answer any questions about the survey.

Of the 50 randomly selected schools, 49 (98.0%) agreed to participate in the survey on which this report is based. *The survey results presented in this report are statistically representative of all Utah students in grades 9 through 12.*

During January 1993, students in randomly-selected, second-period classes were asked to complete the 76-item, multiple choice YRBS survey. (Copies of the survey are available from the Utah State Office of Education, (801) 538-7864.) Locally identified contact persons in each school were provided with all the information and materials necessary to administer the survey and return the completed data sheets for processing.

Survey administrators were provided with detailed written instructions to ensure uniform survey administration across sites. To encourage accurate responses to sensitive questions, a strict protocol was followed to protect the privacy and confidentiality of all participating students. Participation in the survey was voluntary. Students could decline to participate, turn in blank or incomplete survey forms, or stop completing the survey at any time. Nearly all students participated fully in the survey.

A separate survey, the *1992 Utah School Health Education Survey*, utilized personal interviews, telephone interviews, and written surveys to collect information about the nature and extent of comprehensive health education being provided in Utah's secondary schools. A summary of the results of this survey are excerpted in this report from a separate report, *How is Your School Health...Utah?*, also prepared by the University of Utah.

The Youth Risk Behavior Survey results presented in this report are representative of all Utah public school students in grades 9 through 12.

SURVEY RESULTS

Youth Risk Behavior Survey

Of the 4,420 students participating in the *1993 Utah Youth Risk Behavior Survey*, 49.1% (2,159) were female and 50.9% (2,237) were male. Twenty-four students did not identify their gender. By grade, 24.4% were enrolled in the 9th grade, 29.6% in the 10th grade, 24.9% in the 11th grade, and 19.9% in the 12th grade (1.1% were ungraded or in other grades).

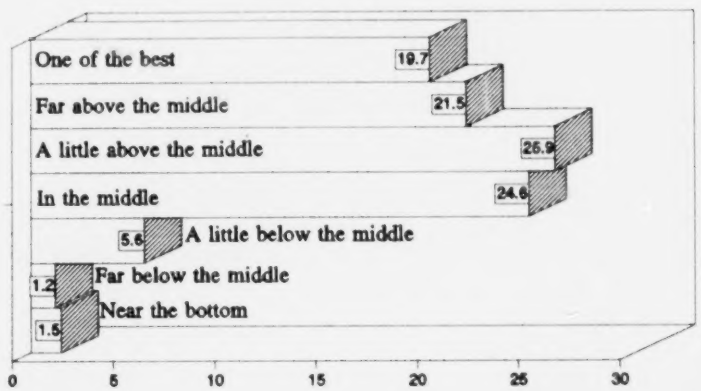
Of the students participating in the survey, 86.8% described themselves as white, 1.5% as black, 4.1% as Hispanic, and 7.4% described themselves as other. (2.5% did not report their ethnic group).

When asked "*Compared to other students in your class, what kind of student would you say you are?*", more than nine out of ten students (91.7%) rated themselves as at or above middle.

In this section of the report, the following information is provided for each priority health risk behavior:

- Summary statements from national health agencies and other researchers about the consequences of engaging in various health risk behaviors,
- Utah-specific statistics regarding the consequences of engaging in health risk behaviors,
- Adolescent Health Objectives for the Year 2000 from the U.S. Department of Health and Human Services, Public Health Service (PHS), and
- 1993 Utah YRBS results depicted in graph- and bullet-statement form.

This presentation format was designed to allow the reader to draw conclusions about the importance of the priority health risk behaviors and the extent to which Utah public high school students engage in these behaviors.



Students' Perceptions of the Kind of Students They Are

UNINTENTIONAL AND INTENTIONAL INJURIES

The Salt Lake Tribune, September 3, 1993

Hundreds Watch Teen Murdered In 'Senseless' Gang Shooting

The Herald Journal, September 2, 1993

Boy charged with felony for sawed-off shotgun

By Gina Howard

A 16-year-old male has been referred to Juvenile Court after

went to the search warr weapon. The you

The Daily Herald, August 29, 1993

Teen dead, another hurt in accident

One man is dead and another in critical condition after the motorcycle on w they were riding coll a car on State S night.

said the traveling te Street h another nd and bound

Standard Examiner, August 24, 1993

Bicyclist injured, condition critical

a car speed

The car was northbound on the street at 6:50 p.m. Monday when the accident occurred, said.

The Standard Examiner, August 25, 1993

Horrified friends see teen drown

victim had

By Amy Joi Bryson

Four friends and the b the victim stood in a ci dusty overlook of a re hugging each other in the young man they k drown earlier that da Hours had passed year-old disappeare water's surface at while swimming yard wide gorge Tuesday.

The Herald Journal, August 24, 1993

Boy arrested in knife incident

ested Court oting oint

The 12 year-old still refused, and the 15 year-old put the knife away and got on the bus.

Shortly after the incident, police were contacted and located the 15 year-old on a downtown street. The boy was questioned and arrested on the charge of aggravated robbery, a second-degree felony.

The lieutenant said the boys know each other.

The Daily Spectrum, August 26, 1993

Rollover accident takes girls life

A local teen-ager died in a one-car rollover on a road near here Tuesday afternoon. The teenage driver was seriously injured. Two passengers escaped with minor cuts.

Utah Highway Patrol said the girl, 14, was killed when she was ejected from the vehicle. The driver, 16, was also ejected and suffered head and back injuries.

The driver lost control of the vehicle on the dirt road, fishtailed, slid sideways, rolled on its nose and came to rest on its top.

The driver was taken to the hospital, then was lifeflighted to a larger city hospital. A patient report was not available.

Two passengers, 15, and 14, had minor cuts. The highway trooper said the accident happened about 2:15p.m. and the teens were not wearing seat belts.

Unintentional and Intentional Injuries

Unintentional injuries are the leading cause of death for persons age 1-44 in Utah. Approximately 900 Utahns have died each year since 1980 from unintentional and intentional injuries. In addition, injuries cause more than 348,000 Utahns to seek medical attention each year. The estimated cost of injuries in Utah is $1.1 billion annually (Utah Department of Health, 1992a).

Injuries to children and adolescents in Utah account for more potential years of life lost than the three leading causes of death in Utah combined (Utah Department of Health, 1990). Homicides, suicides, and motor vehicle accidents in Utah accounted for 63.2% of all fatalities for 15-24 year olds in 1989 (Utah Department of Health, January, 1991).

Seat Belt Use

Of the 269 people who were killed in automobile accidents in Utah during 1992, 73.6% were not wearing seat belts (Utah Department of Public Safety, 1992). Seat belt use is estimated to reduce motor vehicle fatalities by 40% to 50% and serious injuries by 45% to 55% (National Committee for Injury Prevention and Control, 1989). Increasing use of automobile safety restraint systems to 85% could save an estimated 10,000 American lives per year (U.S. Department of Health and Human Services, 1990a).

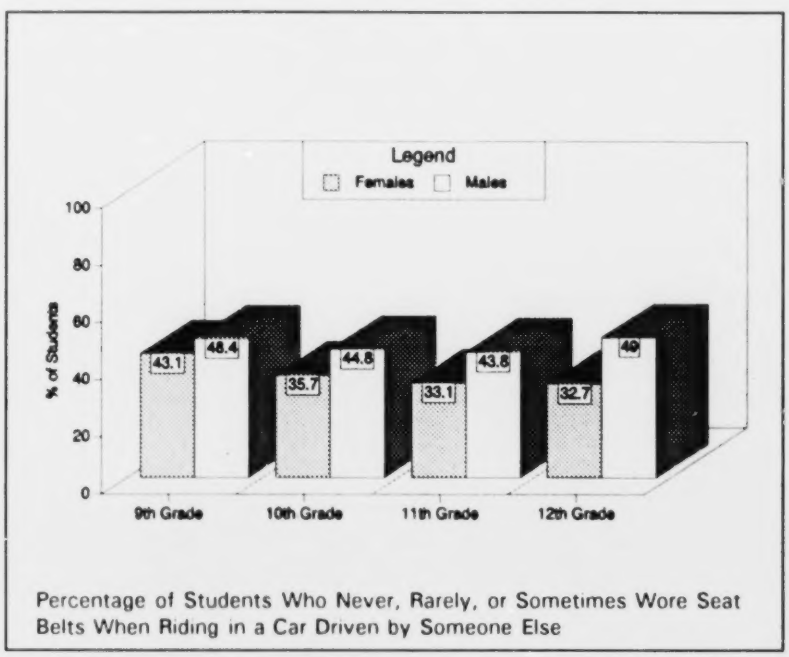
Seat belt use in Utah could save as many as 135 lives each year.

Year 2000 Objective:

- *Increase use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats to at least 85% of automobile occupants.*

Utah YRBS Results:

- 58.6% of all students "Most of the Time" or "Always" wore a seat belt when riding in a car driven by someone else.
- 9th grade students were less likely to "Always" wear seat belts (21.0%) than 11th grade students (31.4%).



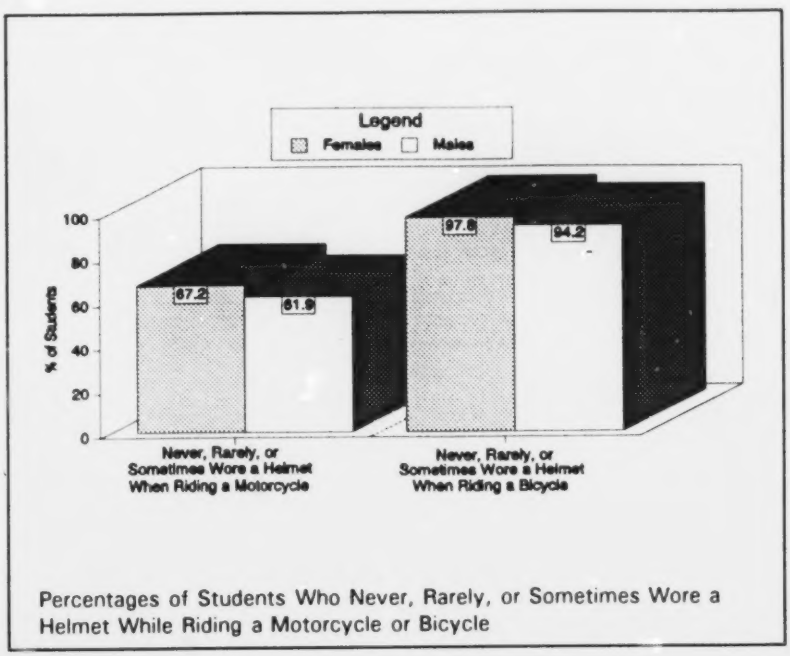
Percentage of Students Who Never, Rarely, or Sometimes Wore Seat Belts When Riding in a Car Driven by Someone Else

- 11th and 12th grade females were much more likely to "Always" wear seat belts (37.0%) than females in 9th grade (21.5%) and all males in 9th through 12th grades (23.0%).

Motorcycle and Bicycle Safety

Sixteen motorcyclists were killed in Utah during 1992, and 12 of them were not wearing helmets (Utah Department of Public Safety, 1992). Six bicyclists were killed in Utah during 1992 (Utah Department of Public Safety, 1992).

Head injury is the leading cause of death in motorcycle and bicycle crashes (National Committee for Injury Prevention and Control, 1989). Unhelmeted motorcyclists are two times more likely to incur a fatal head injury and three times more likely to incur a nonfatal head injury than helmeted riders (National Highway Traffic Safety Administration, 1980). In addition, the risk of head injury for unhelmeted bicyclists is more than 6 1/2 times greater than for helmeted riders (Thompson, Rivara, & Thompson, 1989).



Percentages of Students Who Never, Rarely, or Sometimes Wore a Helmet While Riding a Motorcycle or Bicycle

Year 2000 Objective:

- *Increase the use of helmets to at least 80% of motorcyclists and at least 50% of bicyclists.*

Utah YRBS Results:

- Of the students who rode a motorcycle in the past 12 months (46.2%), 22.3% "Always" wore a helmet. 13.6% wore a helmet "Most of the Time."

- Of the students who rode a bicycle in the past 12 months (84.9%), only 1.5% "Always" wore a helmet.

Motor Vehicle Safety

In Utah during 1989, motor vehicle accidents accounted for 41.3% of the deaths of youth age 15-25 (Utah Department of Health, 1991, January). Based on national statistics, two in five Utahns can expect to be involved in an alcohol-related traffic accident during their lifetime (Utah Department of Health, 1990). Although driving under the influence was the eighth leading cause of car accidents in Utah during 1990, it was the third leading cause of fatal crashes (Utah Department of Public Safety, 1992). During 1990, 25.6% of all fatal car accidents in Utah were alcohol-related and 14.0% of drivers involved in alcohol-related accidents were under 21 years of age (Utah Department of Public Safety, 1992).

Automobile crash injuries, more than half of which involve alcohol nationwide (U. S. Department of Health and Human Services, 1990b), are the leading cause of death among youth age 15-24 in the United States (National Highway Traffic Safety Administration, 1988). Alcohol-related traffic accidents cause serious injury and disability and are the leading cause of spinal cord injury among young adults (National Highway Traffic Safety Administration, 1987).

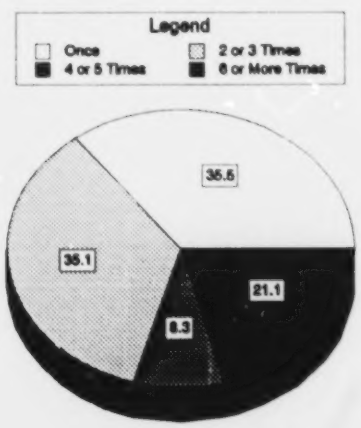
Year 2000 Objectives:

- *Reduce deaths among youth age 15-24 caused by motor vehicle crashes to no more than 33 per 100,000 people.*
- *Reduce deaths among people age 15-24 caused by alcohol-related motor vehicle crashes to no more than 18 per 100,000.*

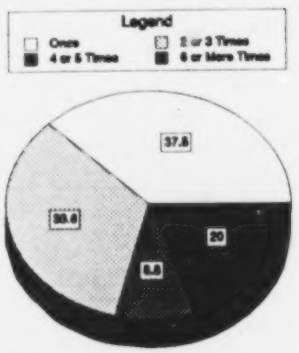
Utah YRBS Results:

During the past 30 days:

- One in seven (14.3%) of 12th grade males drove while drinking; 21.0% of these students did so six or more times.
- 4.3% of the students age 15 or under reported that they drove when they had been drinking alcohol.



Percentage of Those Students (24.2%) Who Rode in a Vehicle in the Past Month Driven by Someone Who Had Been Drinking, by Number of Times



Percentages of Those Students Who Drove a Vehicle After Drinking, During the Past 30 Days, by Number of Times

Water Safety

Deaths due to drowning were the sixth leading cause of injuries and deaths between 1986 and 1990 (Utah Department of Health, 1992a).

Utah YRBS Results:

- Of those (91.0%) who went swimming in the past 12 months, 58.5% "Never," "Rarely," or "Sometimes" swam where an adult or lifeguard was watching them.

Carrying of Weapons

Homicide was the fifth leading cause of death among 15-24 year olds in Utah during 1989 (Utah Department of Health, 1990). Of all fatalities among this age group in Utah, 4.9% were due to homicide in that year. Approximately nine out of ten homicide victims in the U.S. are killed with a weapon of some type, such as a gun, knife, or club. Nationally, homicide is the second leading cause of death among all adolescents (National Center for Health Statistics, 1990a) and the leading killer of black adolescents (U.S. Department of Health and Human Services, 1990b).

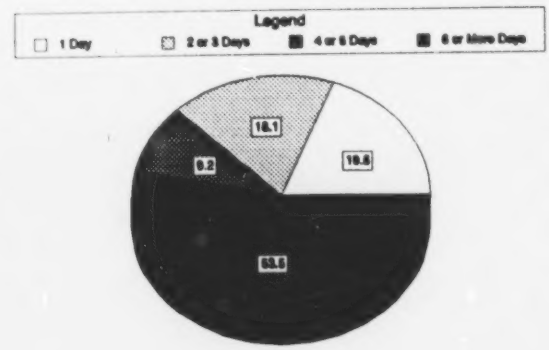
The immediate accessibility of a firearm or other lethal weapon often is the factor that turns a violent altercation into a lethal event (Rivara, 1985). Unintentional firearm-related fatalities are a critical problem among children and young adults in the United States (Wood & Mercy, 1988).

Year 2000 Objective:

- *Reduce by 20% the incidence of weapon carrying among adolescents age 14-17.*

Utah YRBS Results:

- Of all male students, 37.0% carried a weapon during the past 30 days. More than one-half (52.2%) of these students reported carrying a gun.
- One in five (18.8%) of all male students carried a weapon **on school property** during the past 30 days.



Percentages of All Male Students Who Carried Weapons in the Past Month (37.0%), by Number of Days

Physical Fighting

Fighting is the most important antecedent behavior for a great proportion of homicides among adolescents (U.S. Department of Health and Human Services, 1990a).

Year 2000 Objectives:

- *Reduce by 20% the incidence of physical fighting by adolescents age 14-17.*

Violence in Schools

The violence of the streets does not stop at the school door. School yard altercations are increasingly settled with guns and knives.

Year 2000 Objective:

- *Increase to at least 50% the proportion of elementary and secondary schools that teach nonviolent conflict resolution skills, preferably as part of quality school health education.*

Utah YRBS Results:

- 8.1% of all students were threatened or injured with a weapon **on school property** in the past 12 months.
- 32.3% of all students had property stolen or deliberately damaged **on school property** during the past 12 months.
- 6.2% of all students did not go to school because they felt they would be unsafe **at school** or **on their way to or from school** in the past 30 days.

Utah YRBS Results:

- 43.1% of males and 29.2% of females were in a physical fight during the past 12 months. Of these students, 63.7% fought with a friend or family member the last time they were in a physical fight.
- 26.9% of 9th grade males and 20.9% of all males were in a physical fight **on school property** during the past 12 months.
- Of those students who had been in a physical fight, females were more likely (76.6%) than males students (56.4%) to fight with a friend or family member.
- Male students were more than three times more likely than female students to fight with strangers.

Suicide

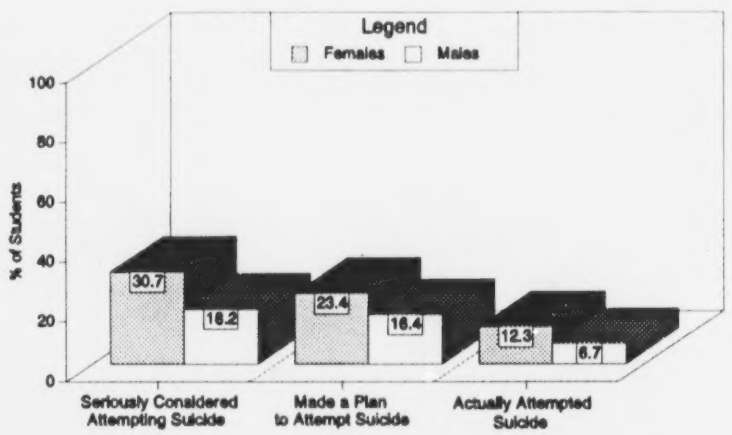
During 1989, suicide accounted for 17% of all fatalities in Utah youth age 15-24, the second leading cause of death in this age range (Utah Department of Health, 1991, January). Nationally, suicide is the third leading cause of death among youth age 15-24 and the second leading cause of death among white males age 15-24 (National Center for Health Statistics, 1990b). The suicide rate for persons age 15-24 has tripled since 1950 (U.S. Department of Health and Human Services, 1990b).

Year 2000 Objective:

- *Reduce by 15% the incidence of injurious suicide attempts among adolescents aged 14 through 17.*

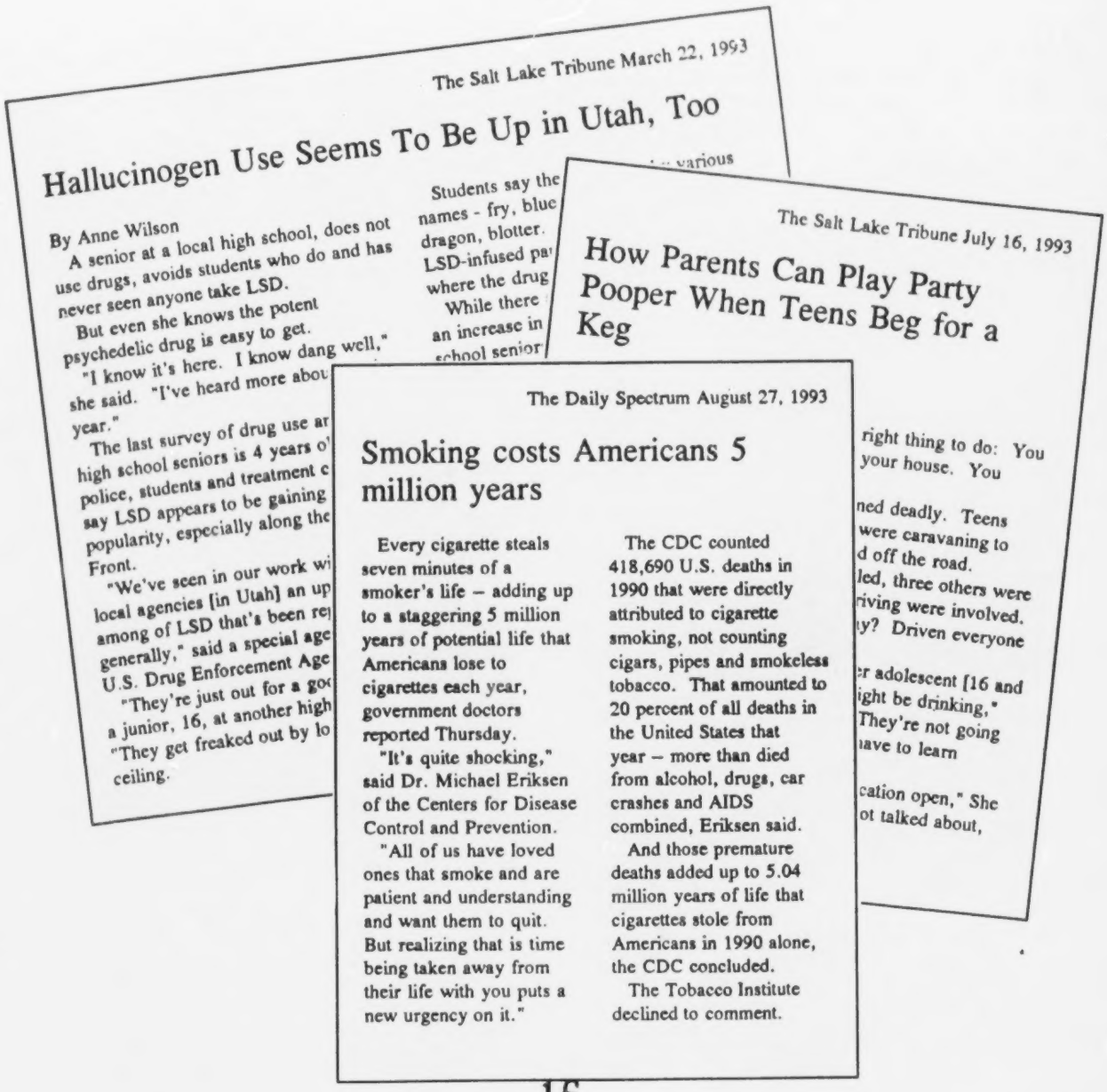
Utah YRBS Results:

- 24.4% of all students seriously considered attempting suicide during the past 12 months. Of these students, 81.6% made a plan about how they would attempt suicide.
- 39.3% of the students who seriously considered attempting suicide actually made an attempt. One-half of these students made more than one attempt to commit suicide.
- Of those students (9.6%) who reported actually attempting suicide, 31.3% reported that the attempt resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- Female students were 1.8 times as likely to actually attempt suicide as male students.



Percentages of all Students who Seriously Considered Suicide, Made a Plan for Suicide and/or Actually Attempted Suicide in the Past 12 Months.

TOBACCO, ALCOHOL, AND OTHER DRUG USE



The Salt Lake Tribune March 22, 1993

Hallucinogen Use Seems To Be Up in Utah, Too

By Anne Wilson

A senior at a local high school, does not use drugs, avoids students who do and has never seen anyone take LSD.

But even she knows the potent psychedelic drug is easy to get.

"I know it's here. I know dang well," she said. "I've heard more abou year."

The last survey of drug use ar high school seniors is 4 years o police, students and treatment c say LSD appears to be gaining popularity, especially along the Front.

"We've seen in our work wi local agencies [in Utah] an up among of LSD that's been re generally," said a special age U.S. Drug Enforcement Age

"They're just out for a goo a junior, 16, at another high "They get freaked out by lo ceiling.

Students say the names - fry, blue dragon, blotter. LSD-infused pa where the drug

While there an increase in school senior

The Salt Lake Tribune July 16, 1993

How Parents Can Play Party Pooper When Teens Beg for a Keg

right thing to do: You your house. You

ned deadly. Teens were caravaning to d off the road. led, three others were riving were involved. y? Driven everyone

r adolescent [16 and ight be drinking." They're not going ave to learn

cation open," She ot talked about,

The Daily Spectrum August 27, 1993

Smoking costs Americans 5 million years

Every cigarette steals seven minutes of a smoker's life – adding up to a staggering 5 million years of potential life that Americans lose to cigarettes each year, government doctors reported Thursday.

"It's quite shocking," said Dr. Michael Eriksen of the Centers for Disease Control and Prevention.

"All of us have loved ones that smoke and are patient and understanding and want them to quit. But realizing that is time being taken away from their life with you puts a new urgency on it."

The CDC counted 418,690 U.S. deaths in 1990 that were directly attributed to cigarette smoking, not counting cigars, pipes and smokeless tobacco. That amounted to 20 percent of all deaths in the United States that year – more than died from alcohol, drugs, car crashes and AIDS combined, Eriksen said.

And those premature deaths added up to 5.04 million years of life that cigarettes stole from Americans in 1990 alone, the CDC concluded.

The Tobacco Institute declined to comment.

Tobacco, Alcohol, & Other Drug Use

Tobacco Use

In Utah, 2,700 persons died prematurely between 1984 and 1987 due to tobacco use (Utah Department of Health, 1990). In 1989, smoking-related illnesses, including cardiovascular disease, chronic obstructive pulmonary diseases, and cancer of the mouth, lungs, and bladder accounted for nearly half of all deaths (Utah Department of Health, 1991, January). Lung cancer accounted for more than 300 deaths in Utah during 1990 (Utah Department of Health, 1993).

Tobacco use is the single most important preventable cause of death in the United States, accounting for one of every six deaths in the United States. Smoking is a major risk factor for heart disease; chronic bronchitis; emphysema; and cancers of the lung, larynx, pharynx, mouth, esophagus, pancreas, and bladder. If 29% of the 70 million children now living in the United States smoke cigarettes as adults, then at least 5 million of them will die of smoking-related diseases (Office on Smoking and Health, 1989). Over one million teenagers begin smoking each year (U.S. Department of Health and Human Services, 1990b).

Oral cancer occurs more frequently among smokeless tobacco users than nonusers and may be 50 times as frequent among long-term snuff users. Smokeless tobacco use can lead to the development of oral leukoplakia and gingival recession and can cause addiction to nicotine (Public Health Service, 1986). Between 1970 and 1986, the prevalence of snuff use increased 15 times and chewing tobacco use increased four times among men age 17-19 (Office on Smoking and Health, 1989). Over one million teenagers begin smoking each year (U.S. Department of Health and Human Services, 1990b).

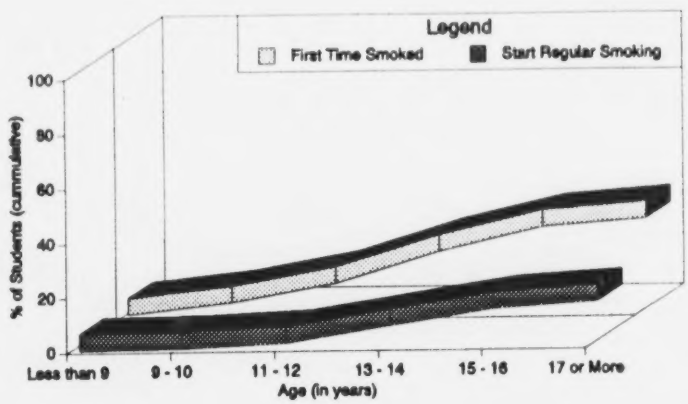
Year 2000 Objectives:

- *Increase by at least one year, the average age of first use of cigarettes, alcohol, and marijuana by adolescents age 12-17.*
- *Reduce the initiation of cigarette smoking by children and youth so that no more than 15% have become regular cigarette smokers by age 20.*
- *Reduce smokeless tobacco use by males age 12-24 to a prevalence of no more than 4%.*

Utah YRBS Results:

- 50.9% of all males and 41.8% of all females have tried cigarette smoking.
- For male students, the median age of first use of cigarettes was 12 years old, while for females it was 14 years old. Of all students, 17.9% had smoked a whole cigarette by the age of 12.
- 13.8% of all students tried to quit smoking cigarettes during the past six months.
- 20.2% of all 12th grade males smoked one or more cigarettes during the past 30 days.
- 21.6% of 11th grade males and 15.7% of all students smoked cigarettes all 30 of the past 30 days.

- 8.7% of all students smoked cigarettes **on school property** during the past 30 days.
- 11.9% of all males reported having used chewing tobacco or snuff during the past 30 days as compared to 2.0% of the females.
- 10.4% of 12th grade males used chewing tobacco or snuff **on school property** during the past 30 days.



Cumulative Age When 12th Grade Students Smoked a Whole Cigarette for the First Time and/or Age When 12th Grade Students Started Smoking Regularly

Alcohol Use

Alcohol is a major factor in approximately half of all homicides, suicides, and motor vehicle crashes (Perrine, Peck, & Fell, 1988) which are the leading causes of death and disability among young people (U.S. Department of Health and Human Services, 1990b). Heavy drinking among youth has been linked conclusively to physical fights, destroyed property, academic and job problems, and trouble with law enforcement authorities (Dryfoos, 1987). Approximately 100,000 American deaths per year are attributable to misuse of alcohol (U.S. Department of Health and Human Services, 1990b).

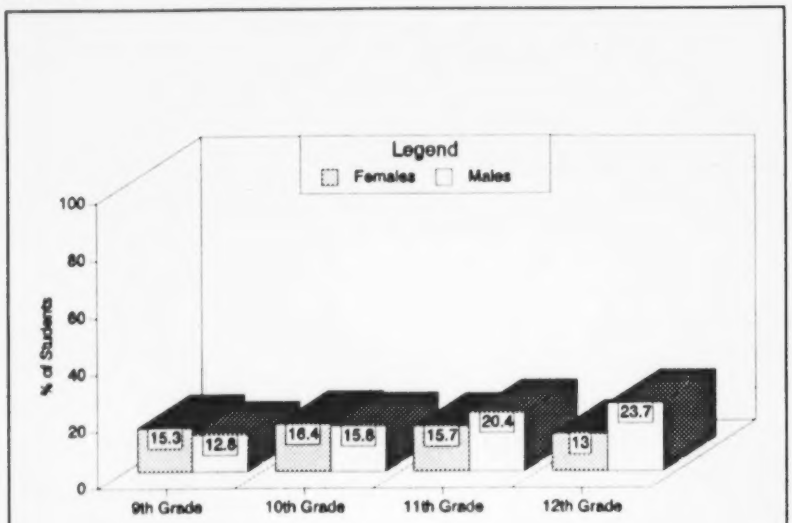
Year 2000 Objectives:

- *Reduce the proportion of young people who have used alcohol in the past month to 12.6% of youth age 12-17 and 29.0% among youth age 18-20.*
- *Reduce the proportion of high school seniors and college students engaging in recent occasions of heavy drinking of alcoholic beverages to no more than 28% of high school seniors and 32% of college students.*

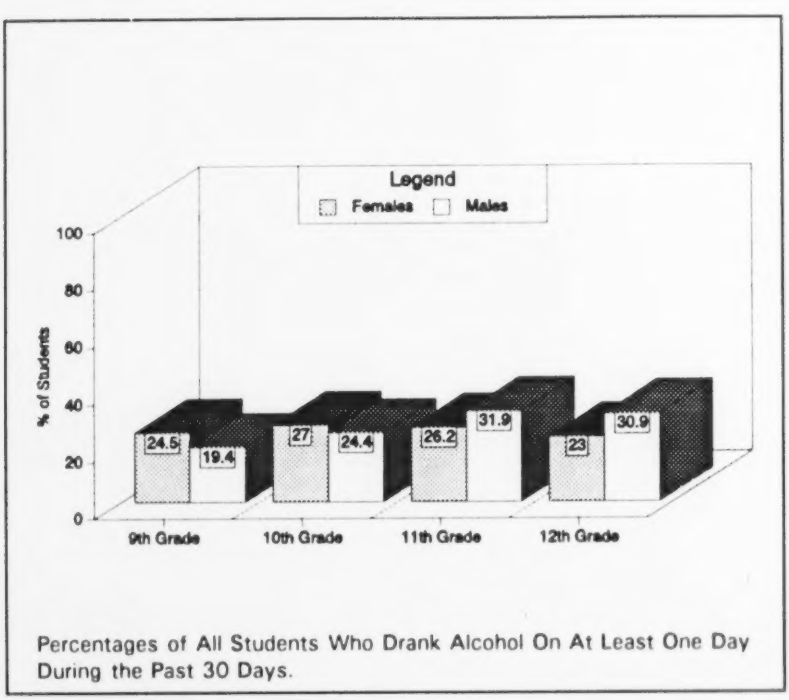
Utah YRBS Results:

- 45.7% of all students have tried drinking alcohol.
- One of five students estimated they have had at least one drink of alcohol on at least 20 days in their life.
- 13.1% of all 12th grade males and 6.2% of all 12th grade females estimated they had at least one drink of alcohol on at least 100 days in their life.
- 23.7% of 12th grade males had five or more drinks in a row on at least one day during the past month.
- 18.7% of 12th grade males had a drink on at least three days in the past 30 days.

- 5.5% of all students had at least one drink of alcohol **on school property** during the past 30 days.



Percentages of All Students Who Drank Five or More Drinks in a Row on at Least One Day During the Past 30 Days



Percentages of All Students Who Drank Alcohol On At Least One Day During the Past 30 Days.

Other Drug Use

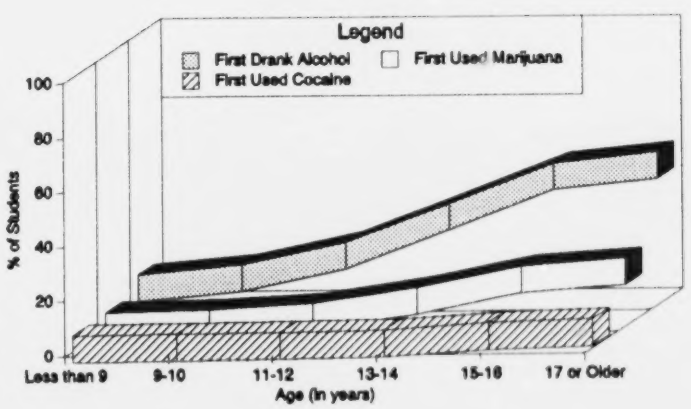
One in four American adolescents is estimated to be at very high risk for the consequences of alcohol and other drug problems (Dryfoos, 1987). Drug abuse is related to morbidity and mortality due to injury, early unwanted pregnancy, school failure, delinquency, and transmission of sexually transmitted diseases, including HIV infection (U.S. Department of Health and Human Services, 1990a). Despite improvements in recent years, illicit drug use is greater among high school students and other young adults in America than in any other industrialized nation in the world (Johnston, O'Malley, & Bachman, 1989).

Year 2000 Objectives:

- *Increase by at least one year the average age of first use of cigarettes, alcohol, and marijuana by adolescents age 12-17.*
- *Reduce to no more than 3% the proportion of male high school seniors who use anabolic steroids.*
- *Reduce the proportion of young people who have used marijuana in the past month as follows: 3.2% of youth age 12-17 and 7.8% of youth age 18-20 (marijuana use); 0.6% of youth age 12-17 and 2.3% of youth age 18-20 (cocaine use).*

Utah YRBS Results:

- 16.3% of all students have used marijuana during their life. Nearly one-half of these students (49.1%) have used marijuana ten or more times.
- 7.4% of all students used marijuana at least once during the past 30 days. 43.2% of those students used marijuana **on school property.**
- Over three-fourths (76.2%) of those students who have tried cocaine (4.2%) have used the crack or freebase form of cocaine.
- 50.0% of those students who have tried cocaine have used it during the past 30 days.
- 15.6% of all females and 12.5% of all males have used other types of illegal drugs, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills without a doctor's prescription.
- 4.3% of all males have taken steroid pills or shots without a doctor's prescription.
- When asked if they had ever injected or shot up illegal drugs, 3.0% of all male students responded that they had.



Age When 12th Grade Students First Tried Alcohol, Marijuana, and Cocaine

SEXUAL BEHAVIORS THAT RESULT IN HIV INFECTION, OTHER SEXUALLY TRANSMITTED DISEASES, AND UNINTENDED PREGNANCY

The Daily Spectrum, August 22, 1993

Sex education: Can it affect rising tide of teenage pregnancies, diseases.

By Scott Summerhill

Of the 800 adolescent pregnancies re
southern Utah's five-county are in 199
unmarried girls age 15-19.

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The Daily Spectrum, August 22, 1993

Officials want improved AIDS education

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The Standard Examiner, August 20, 1993

Teen girls have high gonorrhea rate

Teenage girls have th

The Daily Spectrum, August 22, 1993

AIDS: Number of cases is on rise in Utah; including numbers among teen-agers

By Lisa Snedeker

Teen-agers are risking much more than pregnancy when they have unprotected sex - they are risking their lives.

There are now 12 AIDS cases in Southern Utah. In addition, seven people have been reported as HIV-positive in the Southwest Health District which includes Washington, Iron, Kane, Beaver and Garfield counties.

The Health Department Representative said there are nine teen-agers, 13-19 years old, in the state who have been diagnosed with AIDS and 24 who are HIV-positive.

Of the 815 AIDS cases ever reported in the state through the end of July, 445 of those diagnosed with the disease have died. "That means fewer than 400 are still alive," she explained.

The increase in the number of AIDS cases in Utah in the past 10 years is staggering. She said in 1983 only two cases of AIDS were reported. In 1993, that number has risen to 192 new cases.

Sexual Behaviors

Although the 1993 Utah Youth Risk Behavior Survey did not ask adolescents directly about their sexual behaviors, data available from the Utah Department of Health indicated that youth in Utah are engaging in behaviors that put them at risk for HIV infection, other sexually transmitted diseases, and unintended pregnancy.

HIV/AIDS Risk and Prevention Education

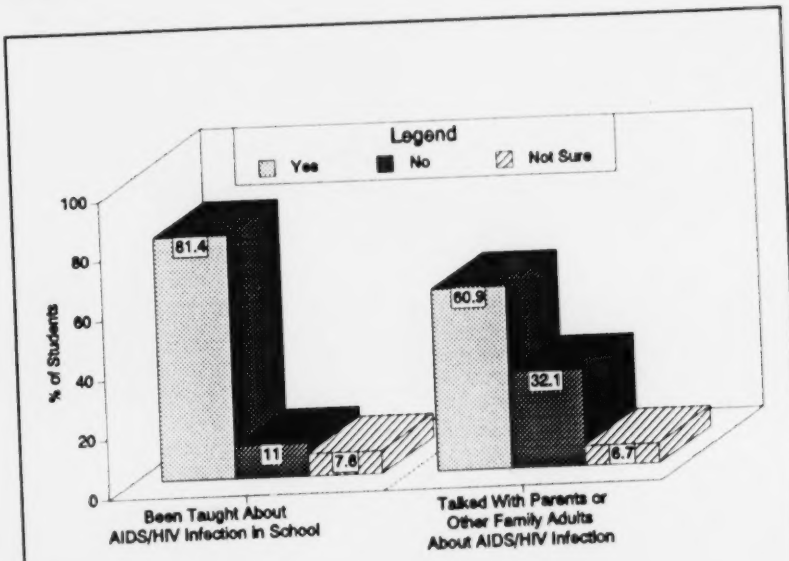
As of November 1992, 588 cases of AIDS and 368 deaths attributed to AIDS were reported in Utah. An additional 789 people were reported to be infected with HIV in Utah (Utah Department of Health, 1992b).

Acquired immunodeficiency syndrome (AIDS) is the only major disease in the United States for which mortality is increasing (U.S. Department of Health and Human Services, 1990b). AIDS is the seventh leading cause of death for youth age 15-24 (National Center for Health Statistics, 1989) and is the seventh leading cause of years of potential life lost before age 65 in the United States (Centers for Disease Control, 1989a).

In a 1990 survey of Utah adolescents, 44.7% of all 9th through 12th grade students indicated that they have not talked with their parents about AIDS and HIV infection (Gray, 1990a). In a 1986 national survey, teens said they would like to communicate more about sex and HIV infection with their parents (Louis Harris & Associates, 1986). Half of the teens in a 1988 survey said their parents have not provided enough information about sex and they want more discussion about sex with their parents (Miller & Laing, 1989).

Utah YRBS Results:

- 21.2% of all 11th and 12th grade students reported that they have done something that put them at risk for getting AIDS/HIV infection.



Percentage of Students Who Reported Having Been Taught in School and/or Having Talked With Parents or Other Family Adults About HIV Infection and AIDS

Sexual Behaviors

Major risks of early sexual activity include unwanted pregnancy and sexually transmitted diseases (STDs), including HIV, as well as negative effects on social and psychological development. The number of sexual partners and age at first intercourse are associated with a higher risk of contracting STDs. Alcohol and drug use may serve as predisposing factors for initiation of sexual activity and unprotected sexual intercourse (Hofferth & Hayes, 1987).

Nationally, the average age of first sexual intercourse is 16.2 for girls and 15.7 for boys (Hayes, 1987). Approximately one-fourth of 15-year-old girls and one-third of 15-year-old boys have had sexual intercourse (Baldwin, 1990; Sonenstein, Pleck, & Ku, 1989). Among all adolescents, 77% of females and 86% of males are sexually active by age 20 (National Center for Health Statistics, 1988; Sonenstein et al., 1989). These figures are consistent with data collected from states surrounding Utah (Gray & Walton 1990b, 1990c; Gray, Walton, & Alderfer, 1991).

Year 2000 Objectives:

- *Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15% by age 15 and no more than 40% by age 17.*
- *Increase to at least 40% the proportion of sexually active adolescents age 17 and younger who have abstained from sexual activity for the previous three months.*

Unintended Pregnancies

One out of every ten teenage girls in the United States becomes pregnant each year, and nearly 470,000 give birth (Henshaw & Van Vort, 1989; Hofferth & Hayes, 1987). In Utah during 1991, the birth rate to teenage mothers ages 15-17 was 28.1 per 1,000 girls (Utah Department of Health, 1993).

Nationally, teenagers account for one third of all unintended pregnancies, with 75% of teenage pregnancies occurring among adolescents who are not protecting themselves from HIV infection, other sexually transmitted diseases, and unintended pregnancy (Westoff, 1988). The United States leads all other Western developed countries in rates of adolescent pregnancy, abortion, and childbearing (Hofferth & Hayes, 1987).

Year 2000 Objectives:

- *Reduce pregnancies among girls age 17 and younger to no more than 5%.*
- *Increase to at least 90% the proportion of sexually active, unmarried people age 19 and younger who use contraception, especially combined method contraception that effectively prevents pregnancy and provides barrier protection.*

Sexually Transmitted Diseases

During a three-month period in 1992 in Utah, 11 new cases of gonorrhea and 68 new cases of chlamydia were reported for youth ages 15-19 (Utah Department of Health, 1992c). Every year, 2.5 million U.S. teenagers are infected with an STD; this number represents approximately one of every six sexually active teens and one-fifth of the national STD cases (Centers for Disease Control, 1989b). Of the 12 million new cases of STD per year, 86% are among people age 15-29 (Division of Sexually Transmitted Diseases, 1990). STD may result in infertility, adverse effects on pregnancy outcome and maternal and child health, and facilitation of

HIV transmission (U.S. Department of Health and Human Services, 1990b).

Year 2000 Objectives:

- *Increase to at least 60% the proportion of sexually active, unmarried young women age 15-19 who used a condom at last sexual intercourse.*

- *Increase to at least 75% the proportion of sexually active, unmarried young men age 15-19 who used a condom at last sexual intercourse.*

- *Reduce gonorrhea among adolescents age 15-19 to no more than 750 cases per 100,000 people.*

DIETARY BEHAVIORS

The Salt Lake Tribune September 15,

Kids are smarter than you think, nutrition-wise

By Donna Lou Morgan

The child is finicky and the parent is panicky. This is
in many homes where the eating habits of toddlers cause
Nutrition and health professionals assure those charge
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The Daily Spectrum, August, 30, 1993

Help your kids develop healthy eating habits

By Jennifer Sta
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The Salt Lake Tribune August 31, 1993

Utah Schools Hungry for Change Reverse Last Year's Trend, Sign Up for Breakfast

By Nancy Hobbs

Last year, Utah was notable in the national school-
kfast program for having the smallest percentage of
w-income children eating a federally subsidized
g meal.

chive State stands out among others again this
his time in a more positive light. Utah schools
on for the breakfast program at a rate
any other.
he fastest-growing, percentage-wise," said
cialist with the state Office of
l nutrition program. "But we're playing
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he 700-plus schools are participating,
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Council Chairwoman
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The Salt Lake Tribune, September 9, 1993

More Fruit, Less Fat to Garnish School Lunches

It cannot threaten to cut allowances, suspend TV privileges, or even hold back a gooey dessert. But the government's trying, like many a frustrated parent, to get youngsters to eat more fresh fruits and vegetables.

The Agriculture Department said Tuesday it will double the amount of fresh produce available in 25 million school lunches daily. It also plans to expand the variety. Experiments with lower fat meats and cheeses also are in the works.

Consumer advocates applauded the decision, but said authorities need to do more, like cutting pesticide levels in foods and using promotional methods, like cafeteria videos, to "bombard" youngsters with the benefits of eating right.

The change is hardly radical, since fresh fruits and vegetables now account for only about 2 percent of the commodities supplied by the government to the school lunch programs. Overall, the Agriculture Department supplies about 17 percent of the total food needs of 92,000 schools.

Dietary guidelines issued by the Agriculture Department and the Department of Health and Human Services say anyone 2 years and older should limit their fat intake to 30 percent of calories.

Surveys by the department say five out of six school children had fat intake above that level; 35 percent of elementary school children ate no fruit on the day they were surveyed; 25 percent of all school-age children at no vegetables.

A USDA survey of 20 school programs, though not nationally representative, indicated that 38 percent of calories in school meals came from fat.

Dietary Behaviors

Dietary Behaviors

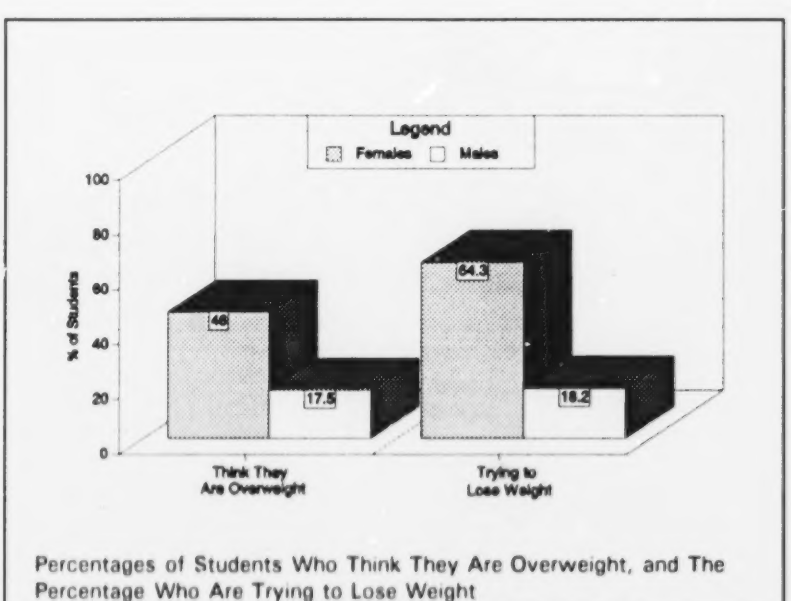
Obesity and extreme obesity appear to be increasing by as much as 39% and 64%, respectively, among youth age 12-17 (Gortmaker, Dietz, Sobol & Wehler, 1987). In 1990, 22.9% of all Utah residents were considered to be obese (Utah Department of Health, 1985-90a). Obesity acquired during adolescence may persist into adulthood, increasing later risk for chronic conditions such as diabetes, heart disease, high blood pressure, stroke, some cancer, and gall bladder disease (Public Health Service, 1988). Also, adolescents often experience social and psychological stress related to obesity (Rotatori & Fox, 1989). Overemphasis on thinness can contribute to eating disorders (Public Health Service, 1988).

Year 2000 Objectives:

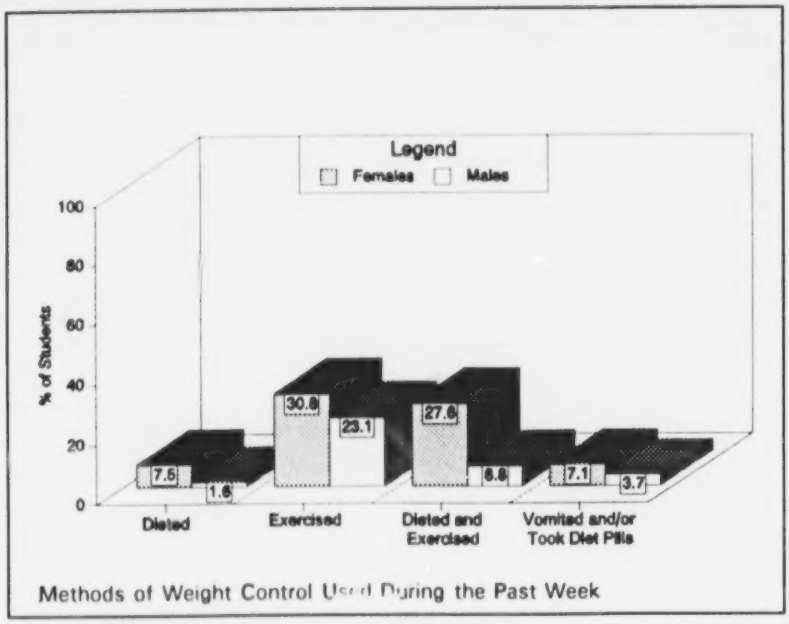
- *Reduce overweight to a prevalence of no more than 20% among people age 20 and older and no more than 15% among adolescents age 12-19.*
- *Increase to at least 50% the proportion of overweight people age 12 and older who have adopted sound dietary practices combined with regular physical activity.*
- *Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat intake to less than 10% of calories among people aged two and older.*
- *Increase complex carbohydrate and fiber-containing foods in the diets of adults to five or more daily servings for vegetables (including legumes) and fruits, and to six or more daily servings for grain products.*

Utah YRBS Results:

- 65.9% of females and 31.5% of males dieted, exercised, or exercised and dieted in the past week to reduce weight.
- 31.5% of all students think they are overweight; while 11.6% of females and 28.0% of males think they are underweight.
- During the past 7 days, 7.1% of the females vomited, took diet pills, or both to lose weight.



Percentages of Students Who Think They Are Overweight, and The Percentage Who Are Trying to Lose Weight



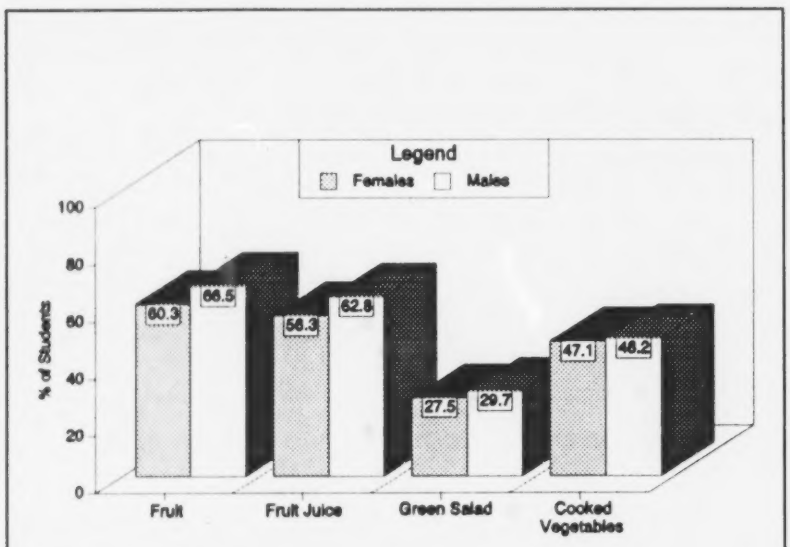
Methods of Weight Control Used During the Past Week

Utah YRBS Results:

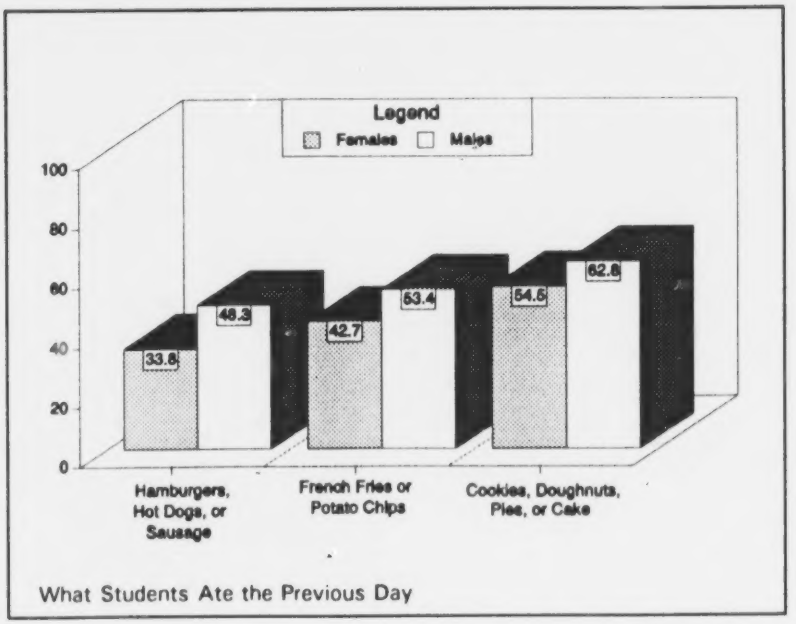
On the day before the survey:

- 63.4% of all students ate fruit. Nearly one-half of those students had more than one serving of fruit on that day.
- 47.5% of all students ate cooked vegetables, and 28.5% ate green salad on that day.
- 41.2% of all the students ate hamburger, hot dogs, or sausage the day before the survey.
- 48.1% of all students ate french fries or potato chips.
- 58.8% of all the students ate cookies, doughnuts, pies, or cake.

Americans currently consume more than 36% of their total calories from fat. High fat diets, which are associated with increased risk of obesity, heart disease, some types of cancer, and other chronic conditions often replace food high in complex carbohydrates and dietary fiber which are considered more conducive to health (Public Health Service, 1988). Because lifetime dietary patterns are established during youth, adolescents should be encouraged to choose nutritious foods and to develop healthy eating habits (Select Panel for the Promotion of Child Health, 1981).



What Students Ate the Previous Day



What Students Ate the Previous Day

PHYSICAL INACTIVITY

The Salt Lake Tribune October 6, 1993

U.S. Children More Out of Shape

American children are less physically fit, more prone to diseases and increasingly likely to die from murder or AIDS than in the mid-1980's, said a report by health experts Monday.

The American Health Foundation report card gave an overall C-minus rating to the state of U.S. children's health, citing increases in measles and other childhood diseases and a trend toward obesity at a younger age. The report also noted the AIDS and homicide rates among children have skyrocketed since 1985.

"With the state of health care today for children sitting on a powder keg," said Dr. Robert J. Ruben, childhood disease specialist at Albert Einstein College of Medicine in New York.

Ruben and other participants in a symposium on the report card blamed the worsening health of children on rising poverty, more sedentary lives among children, lack of extensive school-based health programs and more.

"It is medically, socially an economic disaster that we, as a nation, provide all our children with the chance to grow into healthy adulthood," said Dr. Robert Pitts, founder of the Vahalla-based American...

The Salt Lake Tribune September 13, 1993

Students Go Crazy for Activities:

By Gordon Monson

A local high school girl, 17, works out three hours a day, year round. She pays a minimum of $750 in annual fees, juggles family life, social life, school work, homework and part-time work as a clerk at a pharmacy so she can participate in...what's this, the *High School drill team?*

"It's hard, but it's worthwhile," she says.

Another 16-year-old junior at another local high school, pays close to $500 a year and hikes five miles a week while blowing into a clarinet so he can be a member of the Bengal marching band.

"It's hard, but it's fun," he says.

Apparently, a lot of Utah high school students agree. Mr. Parker and Ms. Haslam are among the tens of thousands of students who, despite rising costs, augment their high school education -- and crowd their lives -- by participating in popular extracurricular activities.

"Interest in activities is up, no question," says the UHSAA assistant executive director. "We've added some activities, more students are participating, and [overall] spectator numbers are up."

Physical Inactivity

Physical Inactivity

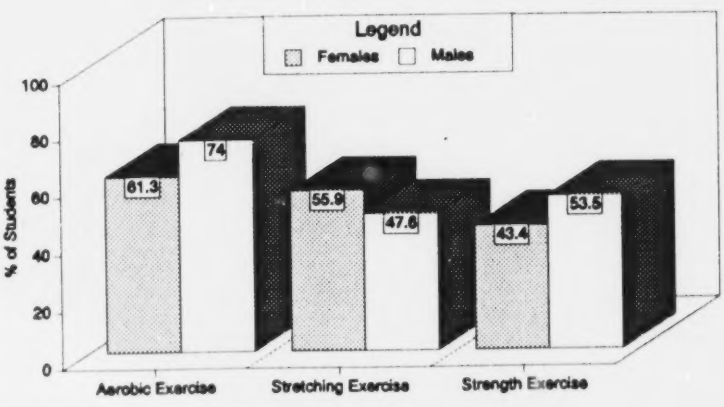
Regular physical activity increases life expectancy (Paffenbarger, Hyde, Wing, & Hsieh, 1986). Additionally, regular physical activity can assist in the prevention and management of coronary heart disease, hypertension, diabetes, osteoporosis, obesity, and mental health problems (Harris, Caspersen, DeFriese, & Estes, 1989). The quantity and quality of school physical education programs have a significant positive effect on the health-related fitness of children (U.S. Department of Health and Human Services, 1985, 1987). However, approximately half of all adults in Utah are physically inactive (Utah Department of Health, 1985-90b).

Year 2000 Objectives:

- *Increase to at least 30% the proportion of people aged six and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.*
- *Increase to at least 20% the proportion of people aged 18 and older and to at least 75% the proportion of children and adolescents aged 6-17 who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness three or more days per week for 20 or more minutes per occasion.*
- *Reduce to no more than 15% the proportion of people aged six and older who engage in no leisure-time physical activity.*
- *Increase to at least 40% the proportion of people aged six and older who regularly perform physical activities that enhance and maintain muscular strength, muscular endurance, and muscular flexibility.*

Utah YRBS Results:

- 67.7% of all students reported having participated in activities that made them sweat or breathe hard fewer than three times during the past seven days.
- 61.9% of all 9th grade students and 24.3% of all 12th grade students were participating in a physical education class on a daily basis.
- Of those enrolled in a P.E. class, 82.3% spent more than 20 minutes actually exercising or playing sports during an average class period.
- 46.8% of males and 30.7% of females participated on one or more sports teams run by their school during the past 12 months.
- 63.9% of males and 46.2% of females played on one or more sports teams run by organizations outside their school during the past 12 months.
- 42.6% of all 9th grade students and 25.0% of all 12th grade students walked or bicycled for at least 30 minutes on three or more of the past seven days.



Percentages of Students Who Exercised on Three or More Days of the Past Seven Days

SCHOOL HEALTH EDUCATION SURVEY

School Health Education Survey

Results of the *1992 Utah School Health Education Survey* of secondary schools are summarized in this section. A combination of personal interviews, telephone interviews, and written surveys provided information about the nature and extent of health education being implemented in Utah's secondary schools. A full description of survey methods was presented in a previous report (Gray, 1992).

Youth Risk Behavior Survey results indicate that students in Utah continue to engage in the behaviors that lead to the most serious health and social problems of adolescence and adulthood. These risk behaviors carry a substantial cost -- not only the social and financial costs to individuals and their families, but also significant costs are borne by society in the form of higher taxes, higher health care costs, and lost productivity. Many of the health and social problems experienced by young and old alike are preventable.

Many of the health and social problems experienced by young and old alike are preventable.

Comprehensive School Health Programs

Comprehensive School Health Programs can assist parents and communities in encouraging youth to adopt healthy behaviors and enjoy happy, productive lives. Research has established that schools can provide accurate information and repeated opportunities for students to develop skills that will enable them to reduce their health risk behaviors (Connell, Turner, & Mason, 1985; Glynn, 1989; Errecart et al., 1991).

"Schools could do more perhaps than any other agency in society to help young people, and the adults they will become, to live healthier, longer, more satisfying and more productive lives."
- Allensworth & Kolbe, 1987 -

Effective Comprehensive School Health Programs involve eight components:

School Health Education

School-based, comprehensive health education programs are the cornerstone of successful school health programs. Effective education for any category of health risk behavior is best accomplished within a comprehensive program emphasizing behavior change and the development of risk-reduction skills. Successful programs incorporate a planned sequential K-12 curriculum that addresses each of the priority health-risk behaviors and utilizes skills-based educational strategies grounded in appropriate theory.

School Physical Education

Successful school physical education programs establish a school-wide focus on health. Such programs enhance physical fitness, promote a healthy lifestyle, and develop health-enhancing behaviors that will carry into adulthood. Organized instruction which is based on a sequential, written curriculum and taught by a trained teacher independently from other sports

and recess activities, are important characteristics of successful programs (Pate, Corbin, Simons-Morton, & Ross, 1987). Effective school physical education programs incorporate activities designed to promote each student's optimum physical, mental, social, and emotional development.

School Health Services

High-quality school health services programs are designed to ensure access and appropriate use of primary health care services including: prevention and control of communicable and other health problems; emergency care for illness and injury; provision of a safe school facility and school environment; and health education and counseling to promote the maintenance of individual, family, and community health. These services may be provided by health professionals including physicians, nurses, dentists, and health educators.

School Food Services

Effective school food services programs teach children the value of a nutritionally-balanced diet through participation in the nutritionally-sound school food services program; develop locally-appropriate curricula and materials; coordinate and participate in nutrition instruction with health instructors (Frank, Vaden, & Martin, 1987). Meals reflect the U.S. Dietary Guidelines for Americans and other nutritional quality criteria. Services are provided by qualified child nutritionists.

School Environment

Successful schools provide a safe environment -- free from hazards, drugs, tobacco, and violence -- to maximize the physical safety and psycho-social health of students and staff. The site and location of the school, and procedures for handling biological hazards, chemical hazards, and physical hazards are important aspects of a school environment program (Rowe, 1987).

The emotional climate of the school is an important factor in providing an environment in which students are ready and able to learn.

Psychological Counseling

In addition to providing vocational and developmental guidance, the school counselor attends to the mental, emotional, and social well-being of students through broad-based assessment, intervention, and referrals. The organizational assessment and consultation skills of counselors, psychologists, and social workers contribute to the overall health of students and the school environment.

School-Site Health Promotion

Health-related assessments, education, and fitness activities encourage and motivate school staff to maintain healthy lifestyles. School-site health promotion programs for staff promote better health, improve morale, and encourage a greater personal commitment to the school's comprehensive health program and the health of students. Schools also realize economic and productivity benefits, and students benefit from contact with positive role models and develop an increased interest and awareness of health.

Integrated School & Community Health Promotion

It is essential that the community and school provide a united message to school-age youth. An integrated school, parent, and community approach can build support for school health programs to enhance the health and well-being of students. Schools should actively involve parents and community resources to respond to the health needs of students.

What are Utah schools doing to assist youth in adopting healthy behaviors?

Effective school health programs incorporate each element within a coordinated, comprehensive framework. Because effective school health education is crucial to the success of comprehensive school health programs, the *1992 Utah School Health Education Survey* concentrated on the health education being provided in Utah's secondary schools.

> *An effective school health education program is crucial to the success of school health programs.*

Components of Effective School Health Education

Effective health education is best accomplished within a comprehensive program that emphasizes behavior change and the development of risk-avoidance and risk-reduction skills. Successful programs include the following elements:

- Address each of the priority health risk behaviors.
- Incorporate skills-based curricula grounded in appropriate theory.
- Provide for adequate instructional time.
- Provide repeated exposure throughout all grades in school.
- Coordinate school-wide health education.
- Teach through persons who are adequately trained and interested in teaching about a variety of health topics.

In addition, skills-based teacher training and follow-up, peer teacher assistants, parental support, and school-wide and community media programs are important elements of successful programs. Such programs emphasize the development of skills and self-esteem, nurture social bonding to conventional units of socialization, and provide recognition and reinforcement for newly acquired skills and positive health behaviors.

Effective school health education programs address:

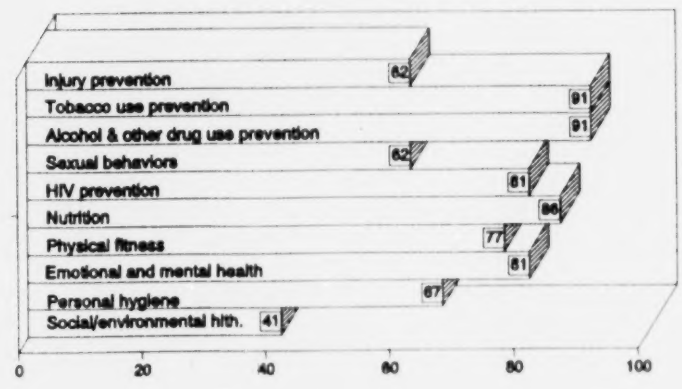
- ☐ Injury prevention
- ☐ Tobacco use
- ☐ Alcohol and other drug use
- ☐ Sexual behaviors
- ☐ HIV and other STD prevention
- ☐ Nutrition
- ☐ Physical fitness
- ☐ Emotional and mental health
- ☐ Personal hygiene
- ☐ Social and environmental health

Year 2000 Objective:

- *Increase to at least 75% the proportion of the Nation's elementary and secondary schools that provide planned and sequential kindergarten through 12th grade quality school health education.*

Results

Results of the *1992 Utah School Health Survey* are presented in a format which reflects many of the questions asked during personal interviews. *The author's comments about results appear in italicized print.*



Percentage of Schools Teaching Important Health Topics as Part of the Health Education Class

Does your school offer a formal health education class? Ninety-five percent of school principals and 95% of the secondary school teachers surveyed reported offering a formal health education class. Ninety-five percent of principals reported the health education class is required for advancement.

While nearly all schools report following the state mandate to provide health education in the context of a specific health education class, this does not ensure that Utah students participate in instruction that is effective in assisting them to adopt healthy behaviors and avoid preventable health and social problems. The degree to which youth in Utah continue to engage in behaviors that lead to the most serious health and social problems of youth and adulthood indicates that current efforts, both within and without schools, are not as effective as needed. While many factors operate to promote effective school health education, a properly designed and implemented health education class is crucial to the success of effective school health programs.

Are a variety of topics addressed in the health education class? Although Utah's curriculum guidelines stipulate that the health education class address ten categories of health topics, many classes do not address each topic.

Although most schools are providing education about tobacco, alcohol, and other drug use and many schools teach about HIV prevention, nutrition, physical fitness, and emotional and mental health, important topics such as injury prevention, social and environmental health, and sexual behaviors are addressed by fewer than two-thirds of the schools. As in other states, the health education class is shaped most by the teacher's interests and the barriers or constraints placed on her or him. The incomplete coverage of health topics may also reflect incomplete understanding among administrators and teachers about effective health education instruction, and possibly a lack of specific skills to provide effective health education within each topic area.

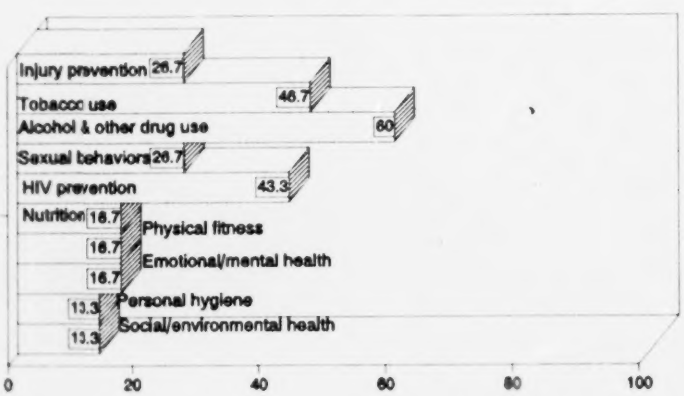
Are health education classes taught by qualified and motivated teachers? One-third of those teaching health were formally trained, through a college major or minor, to teach health education. One-third were formally trained in physical education, and one-third in other subjects including business, home economics, sciences, math, and elementary education.

It is generally accepted that teachers are better motivated when teaching within their area of interest and training. Teaching social and health skills to youth requires specialized training and is best done by teachers with a major in health education. Because many college education programs do not adequately address important health topics, extensive inservice training may be required.

Does the school district have a written curriculum that coordinates Health Education in grades K-12? Many principals reported a curriculum was in place based on having a copy of the state guidelines. Thirteen percent of teachers reported using the guidelines as a curriculum. Others used the guidelines as the only resource in developing lesson plans. Many teachers reported having written curricula available which were not being used. Topic specific curricula were used most often, including HIV Prevention, Alcohol and other drug use, and Tobacco use.

That school personnel have perceived the state guidelines as a curriculum indicates an incomplete understanding of effective health education instruction. Again, a lack of specific pre-service training for many topics, and a tendency among teachers to "stick with the tried and true" once they settle in to a style of teaching, may hinder development of specific teaching skills and adoption of effective instructional strategies.

Is the amount of class time devoted to health education sufficient to effectively address all health topics? Of the schools offering health education, 79% indicated teaching the class in a single grade over a one-half year period of time. The number of classroom hours devoted to health education varied greatly; from 35 to 143 hours. Nearly one-half of the principals reported that a lack of money was a factor in the degree to which health topics were addressed in their schools. One-half of the teachers in the personal interviews stated a lack of time was a barrier to adequately covering all health topics. *It would appear most Utah secondary schools devote sufficient time to address some health topics in at least one grade per school. However, effective programs provide repeated exposure to important health topics throughout all grades in school.*



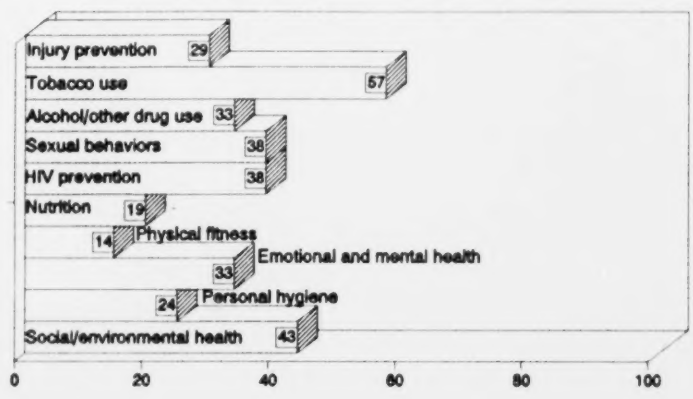
Percentage of Schools Utilizing Specialized Curricula to Teach About Important Health Topics

Is health education instruction integrated into other subjects and coordinated within the school? Twenty-four percent of teachers reported a formal system to coordinate health instruction among classes addressing health topics in their school. *Intra-school coordination is an important component of effective health education programs.*

One of the most common complaints of students is that they have "already heard this information" in another class. One of the most frequent comments received from teachers is that "They get that in..." but they could not say who received it, to what extent, or how it was taught. Effective coordination among subjects could maximize the use of educational resources which can be reasonably devoted to health instruction.

Are skills-building activities emphasized? "Skills-building" activities were incorporated into fewer than one-half of schools for any topic excepting tobacco use (57%). During interviews, it was very difficult to identify skills-building strategies in teachers' descriptions of the strategies they utilized. Many teachers relied on a lecture and discussion format in teaching about health. *One-third of the teachers utilized more than lecture and discussion, videos, and guest speakers in addressing important health topics. Perhaps additional inservice sessions specifically devoted to understanding the rationale and demonstrating the methods involved in providing skills-based instruction are needed. Additional topic-specific training, skills-building practice, and ongoing followup to encourage effective implementation of these strategies will be needed.*

Thinking about health education as taught in your school, what limitations do you face? Educators in Utah schools face a variety of challenges in providing effective health education to youth.



Percentage of Schools Providing Skills-Based Instruction About Important Health Topics

LIMITATIONS FACED IN PROVIDING
EFFECTIVE HEALTH EDUCATION

	Principals	Teachers
• Lack of money	48.4%	51.6%
• Lack of time	19.4%	32.3%
• Lack of appropriate curricula	9.7%	12.9%
• Lack of time to update or revise curriculum	12.9%	**
• Lack of staff expertise or comfort	12.9%	**
• Lack of training opportunities	12.9%	22.6%
• Community resistance	32.3%	**
• Lack of adequate textbooks	**	19.4%
• Lack of audiovisual resources	19.4%	29.0%
• Class size	58.1%	**
• Crowded or inadequate facilities	**	19.4%
• Lack of facilities	9.7%	**

** -- Not asked of this group.

School administrators cite the lack of funding and crowded classes as important limitations to providing effective health education to Utah youth. Teachers also cite the lack of time devoted to health topics and inadequate instructional resources as limitations. Community resistance to teaching health topics in schools is seen as an important barrier to providing effective health education to Utah youth. However, administrators could recall few instances in which parents or community groups actually resisted the implementation of effective health education strategies. *It would appear from survey results that although the policies, guidelines, and infrastructure are in place in Utah's public education system, significant improvements will be needed in order to meet the Year 2000 Objective of providing planned, sequential, quality health education to youth throughout all grades in Utah schools.*

Summary and Conclusions

Results from the *1993 Utah Youth Risk Behavior Survey* indicate that youth in Utah continue to engage in behaviors that put them at risk for the significant mortality, morbidity, disability, and social problems extending from youth to adulthood.

Too few Utah students always wear seat belts when riding in a car (26.9%) or helmets when riding on motorcycles (22.3%) and bicycles (1.5%). Too many males carry guns and other weapons (37.0%) and the rate of violence in Utah schools is too high. One in four seriously considered attempting suicide. In contrast, the rates of alcohol, tobacco, and other drug use among Utah students is relatively low when compared to adjacent states. However, data from sources other than this survey indicate that a significant number of Utah students are engaging in sexual behaviors that put them at risk for HIV infection, other sexually transmitted diseases, and unintended pregnancy. Finally, survey results reveal that Utah students' dietary behaviors and levels of physical activity could be improved.

Effective school-based health education programs are needed to assist parents and communities in encouraging youth to reduce these behaviors and to provide students with opportunities to replace them with healthy behaviors. Utah schools are still developing the capacity to provide effective, comprehensive health education to students. Significant improvements are needed in the amount of time devoted to health education, and in the strategies utilized in providing this education to Utah students.

To provide students with the kinds of educational programs that will enable them to adopt healthy behaviors and avoid preventable diseases, the active support of school administrators, school board members, teachers, and parents will be needed.

Hopefully, this report will stimulate informed discussions among educators, parents, and youth across Utah about the design and implementation of effective, comprehensive school health programs.

For more information about effective health education programs and assistance in developing such programs in your school and community, please contact:

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